

**CASAC Meeting**  
**Minutes – July 17<sup>th</sup>, 2024**



Meeting called to order by Chairman Rosenberg

Approval of minutes – the minutes from the May meeting were sent out by SOCALR.  
Are there any additions or corrections to the minutes? None  
Motion to approve: Jimmy Pixton, Seconded by Matt Larrabee.  
No objections to the motion – minutes approved.

**State Medical Director's Report – Dr. Chizmar**

Protocol Updates – Dr. Chizmar

Norepinephrine OSP – Dr. Chizmar

Recently updates have been sent out regarding Norepinephrine OSP. This OSP was designed for 911 use at the ALS level (post-ROSC, immediate risk of death) and not for interfacility transports. Interfacility transport patients requiring norepinephrine infusions continue to require SCT Paramedic or RN level of care.

EMT Monitoring Potassium Chloride – Dr. Chizmar

Another item that was needed to be clarified was the EMT level monitoring a solution that contained potassium that was not on an IV pump. For patient safety reasons we discussed at CASAC, discussed with Will Rosenberg, and we have removed that from the protocols. Basically what is being clarified is that EMTs shall not transport patients receiving IV fluid solutions that contain potassium chloride. For patient safety reasons, any patient receiving maintenance IV fluids containing potassium chloride should receive them via infusion pump and be transported by an ALS clinician (at minimum). Patients who are receiving IV fluids that contain more than 20 mEq/L of potassium chloride should be transported by SCT paramedic or RN.

Sodium Bicarbonate – Dr. Chizmar

Sodium Bicarb was also on that protocol clarification memo. Patients receiving sodium bicarbonate infusions may be transported at the ALS level of care provided that the concentration does not exceed 150 mEq/L. The chart in Protocol 15.38 Specialty Care Paramedic that notes a requirement for specialty care paramedic is in error.

Video Laryngoscope – Dr. Chizmar

Please note we have been actively working on the next round of protocol changes for the next cycle. Questions have come up regarding Video

Laryngoscopy. We are looking to add this into standard protocols. We are starting the process of looking at OSPs and determining if they need to be moved into standard protocols. Not every OSP will be moved into a standard protocol, but we are looking at OSPs. We also need to start removing protocols that we are not using and slimming down the protocols we have. Dr. Delbridge and Dr. Chizmar have discuss this area and talked about for every protocol we put in, we will endeavor to take one out. They are working to slim down the OSP section as it has grown very large.

As they look at Video Laryngoscopy, they have discovered there is a lot more literature available on it now than when they put it in the protocols seven years ago. It is time that they consider making it a standard intervention. Dr. Chizmar would like to have an ongoing conversation with the CASAC group with the deployment model with commercial services. It may not make sense to have a video laryngoscope on every single ALS unit out there. We need to have some deployment model where we can make that available to your clinicians. Dr. Chizmar had Scott Legore run a report on intubations that are done by ALS Commercial Services. There were a lot more than he anticipated. In the past year there were at least 5 pages on the report of intubations. Most of them were hospital based commercial services. He does think that we need to have a conversation about the deployment model with video laryngoscopes within commercial services. Dr. Chizmar suggested that we put this under old business and give everyone a chance to think about this change.

#### ALS Continuing Education – Dr. Chizmar

Last time for discussion is that every two years MIEMSS has continuing education available for Advanced Life Support clinicians who are coming up to recertify. We are pleased to report to you that working with the ALS committee that we have four hours of state ALS continuing education (7 topics in 4 hours). Most of the topics are about a half an hour in length. Those are available in the online training center. For paramedics who recertify in 2025 or 2026 we are asking that training be part of their continuing education. This education has been built on feedback MIEMSS has received from CASAC and jurisdictions around the state. Education that everyone feels needs to be emphasized.

## **SOCALR Report**

#### Inspection/License Update – Marty Johnson

Renewals are going well. We have a lot of services waiting until the last minute to get items completed. We have got to plan, assign control numbers, copy forms, separate forms, and more. There is a lot of work to be completed for each application. We send them out 60 days in advance.

Please follow the schedule that goes along with the renewal application. That would be very helpful.

#### QA Review/Data Import – Scott Legore

Scott Barquin continues to work with several services in reference to their data importing issues. We are trying to clean up the discrepancies that we identify. On the issue we brought last meeting in regards to the out of state transports we have not made any decisions on how we want to handle that issue. There have been a couple of internal discussions between Claire Pierson and himself. Right now we are going to continue as we are and continue to look at that. We are not looking to make any changes like we mentioned last month.

#### Equipment Update - Scott Legore

The new equipment lists went out. They were very minor changes to the equipment list. The one thing that I do have to mention is that during some recent inspections we identified that some services have not replaced the pediatric King supra glottis airways that were recalled last fall. To the best of my knowledge the FDA has not approved the pediatric sizes of the King, so all services need to have an alternative device in place for all sizes. We issued a waiver to some companies to give them time to make these changes. The waiver is only good until the end of the year. You will have to look for a different brand and get this equipment replaced.

#### MSI Requirement – Scott Legore

MSI requirement for new units.

Following up on the discussion from the last CASAC meeting. Several sections within COMAR require a Maryland State Inspection every 12 months.

#### 30.09.04.05 D (4) (b)

*Less than 1 year old, the certificate of origin by the vehicle manufacturer which include: VIN, manufacturer name, general description of body, vehicle make, model, year manufactured*

After the CASAC meeting, there was a request for SOCALR to consider the second stage certificate of origin when considering the “less than 1 year old” time frame. At this point, SOCALR is not accepting the second stage certificate of origin and will continue to research this.

#### Nurse/Nurse Staffing Waiver – Scott Legore

The Nurse/Nurse Staffing Waiver was not discussed at the last meeting but it has come up since then. Would like to try to explain to everybody where we are at with this waiver and answer any questions. The Nurse/Nurse staffing waiver has been a personnel waiver that allows come of the critical care services to utilize a critical care nurse in place of

a paramedic on their specialty care transport teams as long as the service demonstrates that the training for these personnel is equitant or superior to the personnel requirements within COMAR. The waiver itself is covered under 30.09.04.08 and it has been in place for several years. Prior to Covid there was a line in the regulations that only allowed this to be based outside of Maryland. During Covid, with the governor's orders, there was a request to allow for in state services to allow this waiver for in state services. That line was removed during the emergency declaration. Following the emergency declaration it was incorporated into the regulation after going through the full regulation process. It has been in place since 2021 and there are currently 4 services that use this waiver, 2 in state and 2 out of state. Scott asked if anyone had any questions. No questions were asked.

#### Temporary ALS upgrades – Scott Legore

A couple of items on temporary ALS upgrades. We are having issues with services submitting multiple upgrades for the same unit. Please ensure that you are only submitting one upgrade. Second, if the original ALS unit goes back in service prior to the upgrade expiring, please notify SOCALR. We are listing the original ALS unit as OOS and transferring the ALS license to the temporary upgrade unit for the duration of the request. If you do not notify SOCALR when that unit goes back into service, then you are technically operating an out of service unit.

#### Clinician Services – Randy Linthicum

We are in the recruitment process for a new director for the Office of Clinician Services. We will be doing interviews soon and hope that we get someone hired in the new future.

#### Committee Reports

**PEMAC** Report – Jill Dannenfelser – No report.

**SEMSAC** Report – Danny Platt – No report.

**MIH** Report – Deb Ailiff (Not available) Justin Gebhard-Kram advised no message/report.

#### Old Business – Scott Legore

SCT Regulation Changes – In effect July 1<sup>st</sup> with the Protocol Updates.

Non EMS Driver Regulation Changes – Approved by the EMS Board, now to AELR.

We continue to have services that are putting non EMS drivers on the road before they are approved by SOCALR. In reviewing this regulation we discovered a

language change that needs to be changed so that this regulation's language is clear. Some can interrupt this language allows the driver to go on the road before they were approved. That was not the intent of this regulation. One or two words will be added to make this regulations read clearly. That is a violation of the waiver terms and will result in a noncompliance notice. Please ensure that your service has the proper checks and balances in place to meet the waiver requirements. We have added a widget to your dashboards that show the current list of drivers that are approved for your service.

## **New Business –**

### **Nurse/Nurse Staffing Waiver – Jimmy Pixton**

Jimmy advised he is not prepared to discuss this topic today. He will bring it up at the September meeting for discussion. Keep it on the agenda for September.

### **MDH Query – Dr. Delbridge**

MDH had a query. They have been pinged about challenges about moving patients from hospitals to other destinations. They wanted to talk to us about these challenges. Dr. Delbridge and Scott Legore spoke with MDH and Dr. Delbridge felt they represented Commercial Ambulance Services' perspective. One of the things that we discussed with them was the RFP for administrative service to manage Medicaid transports. This is still in the works for them. They put out an RFP and they got nobody to respond that was qualified. They got a lot of suggestions why nobody was responding. They have been working on revision of the RFP which they hope to release in the next several weeks. Then there will be lag time between when they release it, the responses to it, and their ability to assess the quality of the response they receive. They don't have a timeline, but what we conveyed to them was that it was disconcerting to have these long periods of silence where there was no update. We explained that updates with modest information would be helpful to the commercial ambulance services. Keep a watch out for that information. They wanted to reemphasize that their version of administrative services isn't a broker as some other states have done and that the fee schedule is established by MDH. The administrative service is basically an administrative function to verify that the beneficiary is indeed Medicaid eligible and that's how the service will be paid for. Jimmy Pixton spoke up and advised the only problem with MDH is that he is not really sure why they would have gone to Dr. Delbridge and not to the providers. They must want something special that does not exist. Every hospital in the state is having trouble with getting patients moved in a timely fashion. They want service "above the normal service". There was discussion about when the services are contacted and that the services are all busy/full at the hour they want the transport. The services aren't able to get to these patients until later in the evening. MDH wants the services to

stop what they are doing and give them a 30 minute response time. It is not realistic. There is a lack of providers, lack of services, and a lot of factors that go into that. Jimmy said that he is not really sure what MDH is looking for and he is very educated on the MDH thing. He spoke about their bid and that services across the country are telling them that their expectations are unrealistic. Yes, they are going to set a fee schedule, but they are going to open up Medicaid to everybody. What is that going to solve? What it does is takes it out of the hands of an assigned vendor that is responsible to provide service 24/7/365. If they go to their model then services may decide to make changes, such as stating they don't want to do night transports. Jimmy stated that he could cut his costs if he didn't have to keep a truck on at night just to run those calls. Then this could become a problem, even around the state. There was discussion among several services about the costs of providing their services during the night time hours and weekend hours, especially on Saturdays. MDH does not understand that the services will have a say in when they will or will not provide units/coverage. Jimmy said that he talks to MDH on a weekly basis and he doesn't feel they understand. The question about the hospitals, where are these complaints coming from? Dr. Delbridge advised MDH didn't give out any hospital names and locations. Dr. Delbridge said that they expressed that the big lag has to do with the approval by the local health department that the patients are Medicaid beneficiaries. That is not a commercial ambulance service problem. And, calls tend to get bunched when multiple transports are being requested. He said they also talked about the commercial ambulance services transporting patients to skilled nursing facilities and getting turned away as the skilled nursing facility was not accepting patients at that hour of the night. Dr. Delbridge felt they gave MDH a prospective that they had not considered. Jimmy said that is good as it mirrors what the commercial ambulance services has been telling them. Megan Lynn from MEC spoke up. Is there any talk about standardization across the county? As a health system that speaks with the counties, there are different rules with the different counties. The changing of the rules creates a lot of conflict, not only for the commercial ambulance service but the institutions that are providing care to the Medicaid patients. Dr. Delbridge said they did not go down that track. They had discussions with Medicaid in the past about that very same issue and for them that would be regulatory changes or modifications that they have been slow to embrace because the way the Medicaid rules work for non-emergency transportation is the result of a grant program that they give to local health departments. MDH is granting local health departments fund associated with a menu of things and non-emergency transportation is just one of them. When a county saves money with non-emergency medical transportation they can channel those funds into some other initiative for their local health department. It makes them create rules that serve the purposes of their initiatives that they find to be most compelling. Because it is a grant thing and it is left to the

counties, it creates a variation from county to county. He thinks that they think this RFP thing creates an administrative body and that these approval processes will help fix issues. He agrees that they may not be tuned into all of the problems they are going to create with the same solution. Jimmy spoke about the different counties, the trouble counties, and how they (commercial ambulance services) are treated in general by some of these counties. MDH is part of the problem as they will not reign in some of these counties that work outside of the process. Megan spoke up and thanked Jimmy for his insight as he expressed the problems better than she would have. She also thanked Dr. Delbridge for bring us the updates from MDH.

#### MIEMSS Website – Scott Legore

Scott mentioned that everyone should be aware that MIEMSS is doing a complete update of the MIEMSS website. One of the things we found on the website was some ambulance safety standards. They came out of a safety committee that was put together probably around 2012 timeframe, 10-12 years ago. We decided not to put these items back on the website as they are outdated. There has been some discussion internally as to whether or not there would be some benefit to creating a new statewide safety committee. If so, what topics would you like to see. We don't have to have an answer today. He wanted to share it with everyone. He feels there is some benefit to having some safety standards and having some best practices out there. Is there interest in that and if there is, what topics would you like to see us provide information on or do some research on to share with the group? Will Rosenberg said he feels that safety and patient transport is critical. He feels there are members/companies of CASAC that do a great job. The hardest time we have with this is that while some of the companies have high safety standards, why is it that safety is only important for the commercial ambulance services and not for the jurisdictions in the State of Maryland<sup>[DG1]</sup>? Scott said that he believes our discussion is going to be twofold to include both 911 and commercial services. Will said unless there was going to be some teeth/legislation from Claire's department behind it, it will be futile conversation. Will stated he is all for safety and not to take his comment the wrong way. Jimmy agreed. Will said all the commercial services are for safety, but it is time to talk about the elephant in the room for the past 20 years has been that the commercial ambulance services have to follow safety standards and they are optional for all jurisdictions. It is critical that we establish the benchmarks, but it is a shame that the state has two different standards for patient safety. Scott said that he understood. Will said on that note, if anyone is interested in rejuvenating this committee please send Will or Scott your names and some safety topics. We can look at it. Will feels it is incumbent that MIEMSS leadership to push that the safety standards apply for all patients in the State of Maryland. Jimmy pointed out that some of the commercial ambulance services are part of an insurance

group in which they are rewarded for how safe they are. There is a lot of safety knowledge in our state and some are not aware of these resources. Will agreed. Dr. Delbridge stated for clarity, what Scott is describing did not come from a commercial ambulance service prospective. This came from a public safety concern. He thinks we would be looking to commercial ambulance services to lead the way in this regard because of their knowledge and benefit that Jimmy just described. We are not looking to create an uneven playing field. He would like commercial ambulance services to participate because of their knowledge and expertise they bring to the table. Will talked about MIEMSS commercial ambulance inspections and how closely safety issues are inspected. However, those same standards are not held to the 911 units. Danny Platt spoke up and completely agreed with Will and his statements. Danny mentioned the un-level playing fields. Dr. Delbridge said he is not doubting that those viewpoints. If safety is at the forefront of everything that you do, and he believes it is, can we begin to apply some leverage to use your expertise and knowledge to raise the tide for everybody? Todd Abramovitz said that one of the things about the ambulance safety resource on the website is that some of the information came from that committee was public information for parents who wanted to ride along with children and about child restraints. It also spoke to the expectations from the people in the community. It is not just about how we are overseeing safety, but how we are letting our public know what we do to maintain safety in all aspects. Consider that as another spin on the information and work that would be collected. Will asked the group if they had any other comments on the safety initiatives and/or any other new business.

#### Public Information Request – Claire Pierson

MIEMSS has received a request under the Maryland Public Information Act, a very broad request, for information in regarding all emergency medical services and ambulance providers in the State of Maryland. It asks for a fair amount of information such as name and contact information for the jurisdictions and services. But it also asks for the following information: revue, number of employees, number of trucks, number of annual transports, current CAD vendors, current PCR vendors, and current billing vendors. We provided a list of names of services and indicated that we believed much of the other information to be potentially protected from disclosure under the PIA as confidential commercial information or confidential financial information that we were not at liberty to disclose even if it is in our possession. In order to make a determination about whether or not we would withhold this information the law directs us to seek or suggest that we seek input from the individual people or businesses that provided us the information. So, for example, I am going to assume for purposes of the MIEMSS response that you all would not want us to give out revue or employee information, if we have it. Claire advised that she is unaware if MIEMSS has this information or not. She

doesn't know how the services would feel about us providing publically the number of vehicles that you have or number of annual transports. I would invite anyone to email her or get in touch with Scott Legore if you have concerns about MIEMSS disclosing that information. Then we could use those concerns for the denial of providing that information, if that is what we determine to do. Jimmy Pixton asked who is asking for this information. Claire advised it is Anne, from an organization called FOIA Professional Services out of Alabama. Claire thinks that this organization tries to gather information and sell it for marketing purposes. She doesn't believe they have a true interest in Maryland or any of the individual services. We are under law allowed to deny disseminating information that the services believe to be confidential. Justin Kram spoke up and asked who they are supposed to send their response to. Claire asked that the services send their responses to Scott. Several services owners in the room indicated that they were going to write that email immediately. Someone asked Claire to clarify what points were MIEMSS comfortable with sharing with this individual? Claire advised at this stage just the names of the services. She said she felt we could deny revue and number of employees information. What would benefit from your support is the number of vehicles and number of annual transports. If you believe that to be confidential commercial services information, we would like you to let us know. Will Rosenberg spoke up and advised MIEMSS does not have the services' revue information. Claire didn't assume that MIEMSS did, but she wanted to deny it, if MIEMSS had that information. Nor does MIEMSS have the vendor information that they use. Jimmy mentioned that MIEMSS does provide a total number of transports that are completed each year, but that information is for all the services as a total.

#### MDH Memo – Will Rosenberg

Will Rosenberg advised he just received a copy of a memo that MDH issued less than 12 days ago (June 12<sup>th</sup>, 2024). They have now decided that they believe that every commercial service should have a MPI for every one of their bases in every county that they operate. Otherwise, they are going to cut off commercial ambulance transports. Will was unsure of what information others had regarding this situation, but he will leave this information out here for all of us to figure out. Jimmy pointed out that the service only has one MPI. Will said he is firmly aware of that. There was discussion about this memo not making any sense. Will Rosenberg will forward this memo onto Dr. Delbridge so he can read it and be aware of the memo.

**For the Good of the Committee - None**

**Adjournment**

Motion to adjourn by Tyler Stroh, seconded by Matt Larrabee. Meeting adjourned 13:53 hours.

**Attendance:**

In Person: Will Rosenberg, Marty Johnson, Jimmy Pixton, Tyler Stroh, Dr. Delbridge, and Donna Geisel.

Virtual: Dr. Tim Chizmar, Scott Legore, Matt Larrabee, Claire Pierson, Randy Linthicum, Jill Dannenfelser, Kelly Hammond, Danny Platt, Jonathon Siegel, Jeff Kreimer, Teddy Baldwin, Justin Gebhard-Kram, Leigha McGuin, Kate Passow, Mary Bell, Rob Weiss, Todd Abramovitz, Megan Lynn, and Taylor D'Agostino.

Callers: #1 – Dr. Tim Chizmar  
#2 – Unknown / Didn't respond to identify themselves.  
#3 – Unknown / Didn't respond to identify themselves.